Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	AN ILLUMINATION SYSTEM FOR MICROLITHOGRAPHY
	w named inventor(s), I/we declare that: tion is directed to:
	The attached application, or
·	Application No. 10/563.175 , filed on December 30, 2005
	as amended on (if applicable);
Liwe believe which a pate	that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for ent is sought;
I/ we have re amended by	eviewed and understand the contents of the above-identified application, including the claims, as y any amendment specifically referred to above;
iráormation v	viedge the duty to disclose to the United States Patent and Trademark Office all information known to me/us rial to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material which became available between the filing date of the prior application and the national or PCT International the continuation-in-part application.
_ ;	WARNING:
required by documents s documents b is available to 1.213(a) is may also be CFR 1.14)	plicant is cautioned to avoid submitting personal information in documents filed in a patent application that the to identity theft. Personal information such as social security numbers, bank account numbers, or credit is (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never the USPTO to support a petition or an application. If this type of personal information is included in ubmitted to the USPTO, petitioners/applicants should consider redacting such personal information from the defore submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application of the public after publication of the application (unless a non-publication request in compliance with 37 CFR available to the public if the application is referenced in a published application or an issued patent (see 37 or file and therefore are not publicly available.
All statements believed to be like are punis application or	s made herein of my/our own knowledge are true, all statements made herein on information and belief are true, and further that these statements were made with the knowledge that willful false statements and the any patent issuing thereon.
FULL NAME C	OF INVENTOR(S)
inventor one:	WOLFGANG SINGER
Signature:	Citizen of: DE
av≅nior two:	JOACHIM WIETZORREK
Signature:	Josh Wietrank Citizen of: DE
Additional inve	entors or a legal representative are being

Additional inventors of a legal representative are being named

I additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public to file (and by the complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

- · ·

his box 

Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

					<u> </u>		Page _2	of 2	
Name of Ad	ditional Joint I	nventor, if a	315						
Giv	en Name (first ar	rd middle st	·y.		A p	etton has beer	ੀ ਜ਼ਿੰਦਰ for	this unsime	d immeter
JOACHIM		runddie [d an	<u>/i)</u>						- Inventor
				I	HAINZ	12.5)	ice is or	Surrame	
Signature Signature				!					
	<del>-  </del>		· · · · · ·						7
Residence: City			1		T	T		Date	<del> </del>
			Sæte		_   325-	1	- 1	Citizenship	
Post Office Addre	ss							92387	] DE
Post Office Addre									
- USI ONLE ADDRE	55								
City			State				<del></del>	<del></del>	
lame of Addit	onal Joint Inv		Jele		ZP		Country	1	
Given	Name (5-1	entor, if any:		į	_ A pest	ion has been fil	ed for the	S Impioned:	
GABRIELE	Name (first and r	niddle [if any])				Family Na			rventor
					WEIRA	UCH	arie or Si	urname	
nventor's Signature									
	<del></del>								T
esidence: City		1.						Date	<del> </del>
st Office Address		<u> </u>	State		Country			Citizenship	DE
	<del> </del>								
st Office Address_									
<b>y</b> :			T		1 7				
:			22		Z₽	1	Country		
ne of Addition	al Joint Inven	tor, if any:	1						
	me (first and mid				A petition	has been filed	for this u	nsigned inve	ntor
NFRED		ore (in arry))				Family Nam			
ntor's				MAI	JL.				
ature									
lence: City			7		-			Date	
		S≥	2	:	257		_		
Office Address								I ditanscri	DE
Time Address	-								
									· ———

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time vou are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Patents, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	AN ILLUMIN	NATION SYSTEM FOR MICROLITHOGRAPHY
	v named inver	tor(s), I/we declare that:
		The attached application, or
	$\boxtimes$	Application No. 10/563,175 , filed on <u>December 30, 2005</u> ,
		as amended on (if applicable);
I/we believe which a pate	that I/we am/ ent is sought;	are the original and first inventor(s) of the subject matter which is claimed and for
I/ we have r amended by	eviewed and u y any amendm	understand the contents of the above-identified application, including the claims, as nent specifically referred to above;
to be mate information	пат to patent which became	y to disclose to the United States Patent and Trademark Office all information known to me/us ability as defined in 37 CFR 1.56, including for continuation-in-part applications, material available between the filing date of the prior application and the national or PCT International ion-in-part application.
		WARNING:
card number required by documents a documents is available at 1.213(a) is round at the CFR 1.14).	rs (other than the USPTO submitted to the perfore submitted to the public a made in the a available to the Checks and c	tioned to avoid submitting personal information in documents filed in a patent application that theft. Personal information such as social security numbers, bank account numbers, or credit a check or credit card authorization form PTO-2038 submitted for payment purposes) is never to support a petition or an application. If this type of personal information is included in the USPTO, petitioners/applicants should consider redacting such personal information from the ing them to the USPTO. Petitioner/applicant is advised that the record of a patent application fter publication of the application (unless a non-publication request in compliance with 37 CFR application) or issuance of a patent. Furthermore, the record from an abandoned application redit card authorization forms PTO-2038 submitted for payment purposes are not retained in reference are not publicly available.
All statement believed to b like are puni application or	s made hereing true, and function shable by find any patent is	n of my/our own knowledge are true, all statements made herein on information and belief are ther that these statements were made with the knowledge that willful false statements and the e or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the suing thereon.
FULL NAME	OF INVENTO	R(S)
Inventor one:	WOLFG	ANG SINGER
Signature:		Citizen of: DE
Inventor two:	JOACHI	M WIETZORREK
Signature:		Citizen of: <b>DE</b>
Additional in collection of inform	ventors or a leg	al representative are being named 1 additional form(s) attached barate

Additional inventors or a legal representative are peing named

I additional form(s) attached nereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public to file (and by the complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

	t any:			An	etition has been	. £1. · ·		
Name (first and middle (if	any])							ed inventor
			<del></del>	UAD:	Family	Name o	r Sumame	
T				TAINZ				
								7
	T	$\neg$		7		·	Date	
<del> </del>		tate		Count	у	_	Citizenshir	DE
								DE
<del> </del>								
		ate		ZP		T	7	
al Joint Inventor, if a	nv:							
me (first and middle fif an	1VI)		<del></del>	_ A petit	ion has been fi	led for th	is unsigned	inventor
The file and	717				Family N	ame or S	urname	
					UCH			
Gelical	Cap	ria	me	R			(12)	(0)
Dicsolen	9	7			T		Date	CG .
China	Stat	e Korr	mery!	Country		į	Citizenshin	DE
Schoubrenn.	str.	8					- пасснагир	] DE
	7	T		<del>````</del>				
	Stat	е		ΖΙΡ		Country	,	
Joint Inventor, if any	,							
			<u> </u>	A petitior	has been filed	for this	unsigned in	ventor
t anyj)	<u>'</u>		<del> </del>		Family Nam	ne or Sur	name	
			MAU	TL.				
		T					Date	
	State		0	ountry		_	Citizenship	DE
							· ·	
·								
	Name (first and middle [if and middl	sal Joint Inventor, if any: me (first and middle [if any])  Jewale Color  Dresolen  Stat  Stat  Joint Inventor, if any: e (first and middle [if any])	State  State  State  State  All Joint Inventor, if any:  me (first and middle [if any])  State  Dresden  State  State  State  Joint Inventor, if any:  e (first and middle [if any])	Name (first and middle [if any])  State  State  State  all Joint Inventor, if any:  me (first and middle [if any])  State  Drcsolen  State  State  Joint Inventor, if any:  (first and middle [if any])  MAU	Name (first and middle [if any])    State   ZIP     State   A petition     MAUL   MAUL	Name (first and middle [if any])  State  State  ZIP  A petition has been file of the state of th	Name (first and middle [if any])  State  State  ZIP  Country  A petition has been filed for the first and middle [if any])  Family Name or S  WEIRAUCH  State  Dresden  State  ZIP  Country  A petition has been filed for the family Name or S  WEIRAUCH  State  Dresden  State  ZIP  Country  A petition has been filed for the family Name or S  WEIRAUCH  State  Dresden  State  ZIP  Country  Schoubsens fr. 8	Name (first and middle [if any])  State  State  ZIP  Country  A petition has been filed for this unsigned first and middle [if any])  Family Name or Surname  WEIRAUCH  WEIRAUCH  Jose Country  Citizenship  To petition has been filed for this unsigned for this unsig

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

	CD A DUV
Title of	AN ILLUMINATION SYSTEM FOR MICROLITHOGRAPHY
Invention	
	low named inventor(s), I/we declare that:
As the bel	eration is directed to:
11115 455	" Hom OF
	The attached application, of  Application No. 10/563,175, filed on December 30, 2005,
	Application (if applicable);  as amended on (if applicable);
1/we heli	ieve that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for
which a	patent is sought;
I/ we ha	patent is sought;  ave reviewed and understand the contents of the above-identified application, including the claims, as  ed by any amendment specifically referred to above;
I/we act	knowledge the duty to disclose to the United States Patent and Tradefliat Clifed the Internations, material material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications and the patentability as defined in 37 CFR 1.56, including for continuation-in-part applications and the patentability as defined in 37 CFR 1.56, including for continuation-in-part applications and the patentability as defined in 37 CFR 1.56, including for continuation-in-part applications and the patentability as defined in 37 CFR 1.56, including for continuation-in-part applications and the patentability as defined in 37 CFR 1.56, including for continuation-in-part applications and the patentability as defined in 37 CFR 1.56, including for continuation and the 37 CFR 1.56, including for continuation and
filing da	ate of the continuation-in-part approximation
may co card no require docum docum is avai 1.213( may a CFR 1 the ap	ner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit cumbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never an ed by the USPTO to support a petition or an application. If this type of personal information is included in the nents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the nents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is liable to the public after publication of the application (unless a non-publication request in compliance with 37 CFR (a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application (is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application is be available to the public if the application is referenced in a published application or an issued patent (see 37 in 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in application file and therefore are not publicly available.
believ	atements made herein of my/our own knowledge are true, all statements made herein on information and belief are ed to be true, and further that these statements were made with the knowledge that willful false statements and the re punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the ation or any patent issuing thereon.
FULL	NAME OF INVENTOR(S)
Inven	tor one: WOLFGANG-SINGER MAY 30 - 2006
Signa	Citizen of DE
Inven	tor two: JOACHIM WIETZORREK
Signa	ature: Citizen of: <b>DE</b>
57	different inventors or a legal representative are being named 1 additional form(s) attached hereto.

PT	O/SB/0	2A	(3-97)
0/98.	OMB	0651	-0032

Please type a plus sig	n (+) inside this box	+	

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name c	f Addition	al Joint Inventor, if any	<i>r</i> :			A petiti	on I	has been file	ed for th	is unsiç	gned in	ventor
	Given Na	me (first and middle [if any]	)	_				Family Na	me or S	Sumam	e	
JOAC	нім			·	HAI	INZ						
Inventor Signatur		Jour		uni	<u> </u>					Dat	te /	April 20
Residen	ce: City	_	State			Country				Citizen	- }	DE
Post Offi	ce Address										•	
Post Offi	ce Address											
City			State			ZIP			Country	,		
Name c	f Addition	al Joint Inventor, if any	/:			A petition	on I	nas been file	ed for th	is unsig	gned in	ventor
	Given Na	me (first and middle [if any]	)			•		Family Na	me or S	Surnam	е	
GABR	IELE				\	WEIRA	UC	СН				
Inventor Signatur											ate	
Residen	ce: City		State			Country				Citize	enship	DE
Post Offi	ce Address		<u>.                                    </u>									
Post Offi	ce Address					<del></del>			_			
City			State	,		ZIP			Coun	itry		
Name c	f Addition	al Joint Inventor, if any	/:			A petiti	on	has been file	ed for th	is unsiç	gned in	ventor
	Given Na	me (first and middle [if any]	)			-		Family Na	me or S	Surnam	е	
MANE	RED				MA	UL		_				
Inventor Signatur		M-fred &	6 c	9							Date	Usy 08,7
Residen	ce: City		State	<u> </u>		Country				Citiz	enship	DE
Post Off	ice Address							. <u></u>			-	<del></del>
Post Off	ce Address	,							<del></del>			
City			State			ZIP			6	Country		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (01-06)

Approved for use through 12/31/2008, OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

#### POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I here	by revoke all	previo	us powers of attorney given in the	above-ider	ntified applicat	ion					
	by appoint:	-									
	Practition	ers ass	sociated with the Customer Number	er.							
-	ΦR			Ĺ							
	Practitioner(s) named below:										
			Name		Regist	ration Num	ber	· · · · · · · · · · · · · · · · · · ·			
									$\neg$		
	:										
	,				-						
as my United	/our attorney( d States Pate	(s) or a nt and	gent(s) to prosecute the application  Trademark Office connected there	n identified with.	d above, and t	o transact a	all bu	siness in	the		
Plea	ase recognize	or cha	inge the correspondence address	for the abo	ve-identified a	application	to:				
	The address	assoc	iated with the above-mentioned Co	ustomer Ni	umber:						
OR	į		ſ						ļ		
	The address	assoc	iated with Customer Number:								
OR		·-									
$\boxtimes$	Firm or Individual Nam	e	OHLANDT, GREELEY, RUGGIE	RO & PEI	RLE, L.L.P.						
Addres	ss :		ONE LANDMARK SQUARE, 107	TH FLOOR	. = =						
City			STAMFORD	State	CT		Zip	06901			
Countr	у		UNITED STATES								
Teleph	one		203-327-4500	Email	INFO@OG	RP.COM					
I am ti	he: Applicant/Inven	tor.									
			he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB.	/96).							
-			SIGNATURE of Applica	ant or Ass	ignee of Rec	ord					
Signati	ıre					Date					
Name		WOL	FGANG SINGER			Telephone	e				
	nd Company										
NOTE: multiple	-	all the	inventors or assignees of record of	the entire in	nterest or their	representati	ve(s)	are require	∍d. Submit		
⊠ °	Total of	5	forms are submitted.								

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

	The state of the control fideliber.
Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I here	by revok	e all previo	ous powers of attorney given in the	above-iden	tified application	OD.			
I here	by appoi	nt:			апос сррпост	JII.			
	Practitioners associated with the Customer Number:								
	ОR		·	L					
	Practi	itioner(s) n	amed below:						
			Name	Τ			<del></del>		
			Name	<del> </del>	Registra	ation Nur	nber		
				<del>                                     </del>					
				<del> </del>					
				<del> </del>	<del></del>				
as my United	our attor States F	ney(s) or a Patent and	agent(s) to prosecute the application Trademark Office connected there	n identified	above, and to	transact	all b	usiness in the	
			ange the correspondence address f		o identified as	lication			
			ciated with the above-mentioned Cu			piicauon	ı w.		
OR		1000 0000		72011161 1401	mber.				
	The add	ress assoc	ciated with Customer Number:	•					
OR									
	Firm or Individual I	Name	OHLANDT, GREELEY, RUGGIE	RO & PER	LE, L.L.P.				
Addres	s		ONE LANDMARK SQUARE, 10T	TH FLOOR				• • •	
City	:		STAMFORD	State	СТ		Zip	06901	
Country	<u> </u>		UNITED STATES						
Telepho	<del></del>		203-327-4500	Email	INFO@OGR	P.COM			
I am th	i								
	Applicant/Ir	iventor.	•						
			he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SBA	<b>196)</b> .					
	!		SIGNATURE of Applica	ant or Assi	gnee of Reco	rd			
Signatu	ге	7000	Dietant.	2		Date	I		
Name		JOAC	CHIM WIETZORREK			Telephon	ne 📗		
Title an	d Compan	у							
NOTE: multiple	-	s of all the	inventors or assignees of record of the	he entire inte	erest or their re	presentat	ive(s)	are required. Submit	
<b>⊠</b> •⊤	otal of	5	forms are submitted.						

PTO/SB/81 (01-06)

Doc Code:

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

i here	bv revoke all	previo	us powers of attorney given in the	spove	identi	find application				
	I hereby revoke all previous powers of attorney given in the above-identified application.  I hereby appoint:									
		OF 004	sociated with the Customer Number							
		E12 923	ocases with the Customer Number	<b>?</b> Γ.						
	<b>OR</b>				_					
Ш	Practition	er(s) n	amed below:							
		-	Name	T		Registra	tion Nun	nber		
						<del></del>				=
						<del></del>	·			
				-		<del></del>			<del></del>	$\neg$
İ	:			<b> </b>						
as my	/our attorney(	(s) or a	gent(s) to prosecute the applicatio	n iden	tified a	above, and to	transact	all bu	usiness in th	—— 1e
			*****							
Plea	•		nge the correspondence address			•	plication	to:		
	The address	assoc	iated with the above-mentioned Co	ustom	er Nur	nber:				
OR	:									
	The address	assoc	iated with Customer Number:							
OR	Firm or		L							
	ndividual Nam	e	OHLANDT, GREELEY, RUGGIE			LE, L.L.P.				
Addres	s -  ·		ONE LANDMARK SQUARE, 107	TH FL	OOR-					
City			STAMFORD	15	State	CT		Zip	06901	
Country	<i>'</i>		UNITED STATES							
Telepho	one!		203-327-4500	E	Email	INFO@OGR	P.COM			
I am th	ie: Applicant/Inven	tor.								
			ne entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB.	/96).						
SIGNATURE of Applicant or Assignee of Record										
Signatu	Signature Date									
Name		JOAC	HIM HAINZ				Telephon	ie		
Title and	d Company									
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple									
<b>⊠</b> •⊤	otal of	5	forms are submitted.							

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

	. ,
Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							,
Practitioners associated with the Custome	er Number:						
OR		Ļ	<del></del>				ĺ
Practitioner(s) named below:							
Name			Registrat	ion Num	her		
		· <del>········</del>	3				
:					·	<del></del>	
			··	•			
						<del></del>	
as my/our attorney(s) or agent(s) to prosecute the a United States Patent and Trademark Office connect	application ide	entified a	above, and to t	ransact	all bus	siness in	the
Please recognize or change the correspondence	address for the	he above	e-identified apr	olication	to:		
The address associated with the above-men							
OR				1			
The address associated with Customer Num	nber:						
OR .							
Firm or Individual Name OHLANDT, GREELEY,	RUGGIERO	& PERI	LE, L.L.P.			•	
Address ONE LANDMARK SQU	ARE, 10TH F	LOOR					
City STAMFORD		State	СТ		Ζφ	06901	
Country UNITED STATES							
Telephone 203-327-4500		Email	INFO@OGRI	P.COM			
I am the: Applicant/Inventor.							
	Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of	of Applicant	or Assig	nee of Recor	d			
Signature				Date			
Name GABRIELE WEIRAUCH				Telephon	e		
Title and Company							
NOTE: Signatures of all the inventors or assignees of a multiple	record of the e	entire inte	erest or their rep	oresentati	ive(s) a	are requi	red. Submit
▼Total of 5 forms are submitted.							

Doc Code:

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I here	by revoke all	previo	us powers of attorney given in the a	bove-ider	ıtifiec	d applicatio	n.			
1	by appoint:									
	Practition	ers ass	sociated with the Customer Number	.						
	<i></i> OR			L						
	Practition	er(s) na	amed below:							
Γ	<del></del>		Name			Registra	tion Num	her		
Γ										<b> </b>
L	:									
as my/ United	our attorney( States Pater	(s) or a	gent(s) to prosecute the application Trademark Office connected therew	i identified vith.	abo	ve, and to	transact a	all bus	siness in t	he
Plea	se recognize	or cha	inge the correspondence address for	or the abo	ve-id	lentified ap	plication	to:		
1 1			iated with the above-mentioned Cu							
OR			Γ							
	The address	assoc	iated with Customer Number:				1			
OR			<u> </u>							
	Firm or Individual Name	е	OHLANDT, GREELEY, RUGGIEI	RO & PEF	≀LE,	L.L.P.				
Address	5———		ONE LANDMARK SQUARE, 10T	H FLOOR						
City			CT A STORE	State	٦,,,		<del></del>	Zip (	25001	
Country	·		STAMFORD	Sidie	CI	[ 		Zip	06901	
Telepho	<u> </u>		UNITED STATES 203-327-4500	Email	TIN	FO@OGRI	P COM		-	
I am th			203-327-4300		1114	rowoon.	P.COM			
	le. Applicant/Invent	tor.								
			he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/9	96).						
<del></del>	SIGNATURE of Applicant or Assignee of Record									
Signatu	re						Date			
Name	:	MAN	FRED MAUL				Telephone	е		
Title and	d Company							·		
NOTE: multiple		all the	inventors or assignees of record of the	ne entire in	teres	t or their re	presentati	ve(s) a	are require	ed. Submit
Ø *T	otal of	5	forms are submitted.							

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Doc Code:

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated with the Customer Number	er:				١		
OR		<del></del>			ı		
Rractitioner(s) named below:							
	1		<u> </u>				
Name		Registration	Number	r	1		
	-				ı		
as my/our attorney(s) or agent(s) to prosecute the application	on identified a with.	above, and to tran	sact all	business in the	١		
Please recognize or change the correspondence address	for the abov	e-identified applic	ation to:		٦		
The address associated with the above-mentioned C		• •					
OR			7				
The address associated with Customer Number:					ŀ		
OR			<u> </u>		4		
Firm or Individual Name OHLANDT, GREELEY, RUGGI	ERO & PER	LE, L.L.P.			_		
Address ONE LANDMARK SQUARE, 10	TH FLOOR						
City STAMFORD	State	CT	Zip	06901			
Country UNITED STATES		· · · · · · · · · · · · · · · · · · ·			4		
Telephone 203-327-4500	Email	INFO@OGRP.C	ОМ		$\dashv$		
I am the:  Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Signature // Shaw		Da	te	MAT 03 -2	00		
Name WOLFGANG SINGER		Tel	ephone				
Title and Company							
NOTE: Signatures of all the inventors or assignees of record of multiple	f the entire in	terest or their repre	sentative	(s) are required. Sub	mıt		
★Total of 5 forms are submitted.							

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### **POWER OF ATTORNEY** and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I here	by r	evoke all p	reviou	s powers of attorney given in the	above-i	dentif	fied application	n.			
I hereby appoint:											
	1	Practitione	rs ass	ociated with the Customer Numbe	er:						
	4	OR				_					
	ı	Practitione	r(s) na	med below:							
				Name			Registrat	ion Num	ber		
		1									
	<b> </b>				ļ						
]   ae m	<u></u>	attornevis	e) or a	gent(s) to prosecute the applicatio	n identi	ified s	above, and to t	ransact :	all hi	usiness in	the
				Trademark Office connected there		illed a	above, and to t	i ansact a	211 0	usiness in	uic
Ple	ase	recognize	or cha	nge the correspondence address	for the a	above	e-identified app	plication	to:		
	Th	e address	assoc	iated with the above-mentioned C	ustome	r Nun	nber:				
OR											
		e address	assoc	iated with Customer Number:				į			
OR NA	Firm	n or		OW AND CREEK BY BUCCH	EDO 6	DEDI	EIID				
Addre	Indi	vidual Name	<u> </u>	OHLANDT, GREELEY, RUGGII			JE, L.L.F.				
Addre	:55			ONE LANDMARK SQUARE, 107	Intlo	JOK					
City				STAMFORD	S	tate	CT		Zip	06901	
Count	try			UNITED STATES							
Telep	hone			203-327-4500	E	mail	INFO@OGRI	P.COM			
I am		  icant/Invent	tor.								
				he entire interest. See 37 CFR 3.71.							
	ASS Stat	ement unde	or 37 C	FR 3.73(b) is enclosed. (Form PTO/SE	3/96).						
	SIGNATURE of Applicant or Assignee of Record										
Signa	ture							Date	_		
Name	Name JOACHIM WIETZORREK Telephone										
		ompany	L						/s	) oro =====	rad Cubmit
NOTE multip		gnatures of	all the	inventors or assignees of record of	the enti	ire inte	erest or their re	presentat	ive(S	) are requi	rea. Submii
:	*Tota	ol of 5		forms are submitted.							

PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated with the Customer Number	Practitioners associated with the Customer Number:						
OR	OR .						
Practitioner(s) named below:							
Name		Registra	tion Numb	er			
	<del> </del>						
	<del>                                     </del>						
	<u> </u>						
as my/our attorney(s) or agent(s) to prosecute the application	n identified	above and to	transact al	I business in the			
United States Patent and Trademark Office connected there		450 70, 4110 10		r oddinedd iir ard			
Please recognize or change the correspondence address	for the abov	e-identified ap	plication to	):			
The address associated with the above-mentioned C	ustomer Nu	mber:					
OR							
The address associated with Customer Number:							
OR   OHI AND CREEK BY BUCCI			<del>_</del>				
Individual Name OnLANDI, GREELEI, RUGGI		LE, L.L.P.					
Address ONE LANDMARK SQUARE, 10	IH FLOOK						
City STAMFORD	State	CT	Z	ip <b>06901</b>			
Country UNITED STATES							
Telephone 203-327-4500	Email	INFO@OGR	P.COM				
l am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S.	B/96).						
SIGNATURE of Applicant or Assignee of Record							
Signature Doncin Mix			Date	April 28 2006			
Name JOACHIM HAINZ			Telephone				
Title and Company							
NOTE: Signatures of all the inventors or assignees of record of multiple	the entire in	terest or their re	epresentativ	e(s) are required. Submit			
▼Total of 5 forms are submitted.							

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I hereby revoke all previous powers of attorney given in	the above-ide	entif	ied application		
I hereby appoint:		_	те прричения		
Rractitioners associated with the Customer Nu	ımber:	1			
OR		L			
Practitioner(s) named below:					
Name			Registration	Number	
				<del>-</del> ·	
			<del></del>		
as my/our attorney(s) or agent(s) to prosecute the applic	ootion identifi	ad a	have and to tra-	anak all h	
United States Patent and Trademark Office connected the		eu a	ibove, and to trar	isact all c	ousiness in the
Please recognize or change the correspondence addr	ess for the at	bove	e-identified applic	ation to:	
The address associated with the above-mentione			• •		
OR				٦	
The address associated with Customer Number:					
OR					
Firm or Individual Name OHLANDT, GREELEY, RUC	GGIERO & PI	ERI	E, L.L.P.		
Address ONE LANDMARK SQUARE	, 10TH FLOC	OR			
City STAMFORD	Stat	te	CT	Zip	06901
Country UNITED STATES					
Telephone 203-327-4500	Ema	ail	INFO@OGRP.C	ОМ	
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.7 Statement under 37 CFR 3.73(b) is enclosed. (Form PTC	71. O/SB/96).				
SIGNATURE of Ap	oplicant or A	ssig	nee of Record		
Signature	-		Da	te	
Name GABRIELE WEIRAUCH			Tel	ephone	
Title and Company					
NOTE: Signatures of all the inventors or assignees of recommultiple	d of the entire	inte	erest or their repre	sentative(s	s) are required. Submit
★Total of 5 forms are submitted.					

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I hereby revoke all previous powers of attorney given in the	above-ide	lentifi	ed application.		
I hereby appoint:					1
Practitioners associated with the Customer Numb	er:				
OR .					
Practitioner(s) named below:					
Name			Registration N	lumbor	
Ivaille			Registration	unibei	
					···········
	<u> </u>				
as my/our attorney(s) or agent(s) to prosecute the applicat United States Patent and Trademark Office connected the	ion identifi	ied a	bove, and to trans	act all b	usiness in the
Please recognize or change the correspondence addres		hove	identified annlicat	ion to:	
The address associated with the above-mentioned				ion to.	
OR	Customer	- Tull	<del></del>	1	
The address associated with Customer Number:					
OR	L				
Firm or Individual Name OHLANDT, GREELEY, RUGG	IERO & P	ERL	E, L.L.P.		
Address ONE LANDMARK SQUARE, 1	OTH FLOO	OR			
City STAMFORD	Sta	ate	СТ	Zip	06901
Country UNITED STATES					
Telephone 203-327-4500	Em	nail	INFO@OGRP.CO	M	
i am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO)	SB/96).				
SIGNATURE of App	icant or A	Assig	nee of Record		
Signature Mohad Ab & O			Date		May 08,7006
Name MANFRED MAUL			Tele	hone	
Title and Company					a) and magnificant Cub arts
NOTE: Signatures of all the inventors or assignees of record multiple	of the entire	e inte	erest or their represe	ntative(s	s) are required. Submit
★Total of 5 forms are submitted.					

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I hereby revoke all previous powers of attorney given in the above-identified application.									
	eby appoint:				_				
	Practition	ers as:	sociated with the Customer Numbe	er.					.
	φR				L	<del></del>			
	Practition	er(s) n	amed below:						
				<del></del>					
	<del> </del>		Name	<del> </del>	_	Registrat	tion Num	ıber	
	<del> </del>			<u> </u>				<del></del>	
	<del>                                     </del>			ļ					
	<del> </del>			<del> </del>			<del></del>		
25 M/	Vous attorney	(c) or s	post(s) to amount the application	- !	1	-1			
Unite	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Plea OR OR	The address associated with Customer Number:								
	Firm or Individual Name	ie	OHLANDT, GREELEY, RUGGIE	ERO & PF	ERJ	LE, L.L.P.			
Addres	is :		ONE LANDMARK SQUARE, 10T	TH FLOO	R				
City			STAMFORD	State	e	СТ		Zip	06901
Countr	у		UNITED STATES						
Teleph	<del></del>		203-327-4500	Ema	iil	INFO@OGRI	P.COM		
	I am the: Applicant/inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
	!		SIGNATURE of Applica		siç	nee of Recor	ď		
Signatu	ле						Date	$\mathbf{I}_{-}$	
Name		WOL	FGANG SINGER				Telephon	е	
Title an	nd Company								
NOTE: multiple	-	all the	inventors or assignees of record of t	he entire i	inte	erest or their rep	presentati	ive(s)	are required. Subn
<b>⊠</b> *1	Total of	5	forms are submitted.						

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### POWER OF ATTORNEY **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I hereby revoke	all previo	us powers of attorney given in the a	bove-ident	tified application	on.		
I hereby appoir	ıt:						
Practi	tioners as:	sociated with the Customer Number	-			·	
OR			_				
Practi	tioner(s) n	amed below:					
		Name		Registr	ation Numbe	r	
:							
				<del> </del>			
	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please recog	nize or cha	ange the correspondence address for	or the abov	ve-identified a	oplication to:		
		ciated with the above-mentioned Cu		· · ·	F F		
OR		Γ					
The add	ress assoc	ciated with Customer Number:					
OR		<u> </u>					
Firm or Individual	Name	OHLANDT, GREELEY, RUGGIE	RO & PER	LE, L.L.P.			
'Address "		ONE LANDMARK SQUARE, 10T	H FLOOR	· -			
City		STAMFORD	State	CT	Zip	06901	
Country		UNITED STATES					
Telephone		203-327-4500	Email	INFO@OGI	RP.COM		
I am the: Applicant/I	nventor.						
Assignee of Statement	f record of tunder 37 C	the entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/	96).				
	_	SIGNATURE of Applica	ent or Ass	ignee of Rec	ord		
Signature					Date		
Name	JOA	CHIM WIETZORREK			Telephone		
Title and Compar	- 1				·. <del>- · · · · · · · · · · · · · · · · · · </del>		
NOTE: Signature multiple	s of all the	inventors or assignees of record of t	he entire in	terest or their r	representative	(s) are required. Submit	
▼ Total of	5	forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file Inis collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The installation is required to obtain or retain a bariest by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I hereby revoke all	previo	us powers of attorney given in the	above	e-identi	fied application	on.		
I hereby appoint:								,
Practition	iers as	sociated with the Customer Number	er:					
QR				L		<del>-</del>		]
Practition	er(s) n	amed below:						
	Name				Registra	ation Numb	er	<del></del>
:								
		·						
as my/our attorney United States Pate	(s) or a	gent(s) to prosecute the applicatio Trademark Office connected there	n ider with.	ntified a	above, and to	transact a	ll business in	n the
		ange the correspondence address				plication to	o:	
	s assoc	iated with the above-mentioned C	ustom	er Nun	nber:			
OR								
	assoc	iated with Customer Number:						
OR Firm or		la contrata contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata del contr						
Address	ne	OHLANDT, GREELEY, RUGGIE			LE, L.L.P.	<del></del>	<del></del>	
Aduless		ONE LANDMARK SQUARE, 101	TH FL	OOK				
City		STAMFORD		State	CT	Z	ip <b>06901</b>	
Country		UNITED STATES	<del></del>					
Telephone :		203-327-4500		Email	INFO@OGR	P.COM		
I am the:  Applicant/Inver	itor.							
		he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB	/96).				,	
:		SIGNATURE of Applica	ant or	Assig	nee of Reco	rd		
Signature						Date		
Name .	JOAC	CHIM HAINZ	-			Telephone		
Title and Company								
NOTE: Signatures of multiple	all the	inventors or assignees of record of t	the en	tire inte	erest or their re	epresentative	e(s) are requi	red. Submit
☑ *Total of	5	forms are submitted.						

PTO/SB/81 (01-06) Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/563,175
Filing Date	DECEMBER 30, 2005
First Named Inventor	WOLFGANG SINGER
Title	An Illumination System for Microlithogr
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	637.0063USU

I hereby revoke all previous powers of attorney given in the above-identified application.								
I hereby a								
	Practition	ers ass	sociated with the Customer Number	er.				
(	<b></b>				L			
	ractitione	er(s) n	amed below:					
		· · · · · · · · · · · · · · · · · · ·		<del>,</del>				
<del> </del>	<u> </u>		Name	1	_	Registration	Numbe	er
l				<del> </del>	_			
-	<u> </u>			<del> </del>				
<del>                                   </del>	<del> </del>			<del> </del> -				
as my/our United Sta	attorney( ites Pater	s) or a	gent(s) to prosecute the application	n identi	ified a	above, and to trans	sact all	business in the
	į					1306-3	<del></del> .	
	•		inge the correspondence address			• •	tion to	:
OR	addiess	assoc	iated with the above-mentioned Co	ustomer	r Nun	nber:	_	
	The address associated with Customer Number:							
OR	auuress	assuc	lated with Custoffier Number.				İ	
Firm	or idual Name	e	OHLANDT, GREELEY, RUGGIE	ERO & I	PERI	E, L.L.P.		
Address			ONE LANDMARK SQUARE, 101	TH FLO	ЮR			
City	:		STAMFORD	St	tate	СТ	Zı	P 06901
Country			UNITED STATES					* * * * * * * * * * * * * * * * * * *
Telephone			203-327-4500	Er	mail	INFO@OGRP.CO	M	
I am the:	cant/invent	tor.						
			he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB	<b>/</b> 96).				
	SIGNATURE of Applicant or Assignee of Record							
Signature		9	dick Vainnel			Date	;	June 26'7 2008
Name		GABI	RIELE WEIRAUCH			Tele	phone	<u> </u>
Title and Co								<u>.</u>
NOTE: Sign	natures of	all the	inventors or assignees of record of	the entire	ne inte	erest or their represe	entative	e(s) are required. Submit
☑ *Total	of	5	forms are submitted.					

PTO/SB/81 (01-06)

Approved for use through 12/31/2008, OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/563,175				
Filing Date	DECEMBER 30, 2005				
First Named Inventor	WOLFGANG SINGER				
Title	An Illumination System for Microlithogr				
Art Unit	Not Yet Assigned				
Examiner Name	Not Yet Assigned				
Attorney Docket Number	637.0063USU				

I hereby revoke all previous powers of attorney given in the above-identified application.									
	by appoint				_				
	Practitions	ctitioners associated with the Customer Number:							
	OR				L		<del></del>		
П	Practitione	Practitioner(s) named below:							
	Name				Registration Number				
	<del></del>				-				
	:								
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.									
Plea	ise recognize	or cha	nge the correspondence address f	or the at	χον	e-identified ap	plication to:		
	The address	assoc	iated with the above-mentioned Cu	ıstomer l	Vur	mber:			
OR			F						
	The address	assoc	iated with Customer Number:						
OR	Firm or				_				
	Individual Nam	В	OHLANDT, GREELEY, RUGGIE	<del></del>		LE, L.L.P.			
-Addres	iS	ONE LANDMARK SQUARE, 10TH FLOOR							
City			STAMFORD	Sta	е	СТ	Zip	06901	
Countr	у		UNITED STATES						
Teleph	one		203-327-4500	Em	ail	INFO@OGR	FO@OGRP.COM		
KZ	I am the:  Applicant/inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant or Assignee of Record									
Signatu	ıre						Date		
Name	:	MAN	FRED MAUL				Telephone		
	н Сотрапу								
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple								
☑ *Total of 5 forms are submitted.									

## This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record.

#### **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

•	
☐ BLACK BORDERS	
☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES	
☐ FADED TEXT OR DRAWING	
☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING	
☐ SKEWED/SLANTED IMAGES	
$\square$ COLOR OR BLACK AND WHITE PHOTOGRAPHS	
☐ GRAY SCALE DOCUMENTS	
LINES OR MARKS ON ORIGINAL DOCUMENT	
☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE PO	OR QUALITY

### IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.